Connecticut EMS Advisory Board Legislative Committee Report 11-19-2014
Legislative Initiatives 2015 Session
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Committee status: The committee has the adopted the following topics for action or review.

Status of Legislative Initiatives
Items in committee discussion, in alphabetical order:

- Advisory Board Membership (final language appended)
- Background checks for initial certification/licensure (working language appended)
- Body armor restrictions eased for EMS personnel (final language appended)
- Orderly transfer of Patient Care (working language appended)
- Permanent employment status for Regional EMS Coordinators (working language appended)
- Protection of quality assurance functions from legal discovery (To be developed)

The committee is *monitoring* the following subject matters, but currently is not planning any action.

- Ability to establish rates for treat and release/RMAs (regulations pending)
- Hospital diversion
- Response in hazardous conditions (pending Emerg Prep Committee recommendations)
- Mobile Integrated Healthcare
- Tax-free gas for ambulances (endorsing ACAP initiative)

Proposal: Advisory Board Membership Change (CEMSAB endorsed: 11/14/12)

Rev: 10-11-2012

Purpose: The CT EMS Advisory Board would like to address membership issues that have been noted to be a problem that would best be resolved through an amendment to the Connecticut General Statutes 19-178a. We have outlined our concerns and provided suggested language below.

There has been a significant problem with the Regional EMS Council Presidents obtaining their appointment to the Board in a reasonable, timely manner. It is our understanding that it was the legislative intent to have the Council Presidents appointed although the language is somewhat vague. We would like the language in 19a-178a(b) to be amended to have the Council Presidents' appointments be automatic, similar to the automatic appointment of the Commissioner.

There has been a significant issue with individuals who get appointed to the Advisory Board and then do not attend and participate in the meetings. An organization such as the Advisory Board can only do its job if the membership makes a reasonable effort to attend the meetings and contribute to the achievement of the mission. We are seeking the ability to have inactive members automatically removed. We suggest that the Advisory Board Chairperson be empowered to send a letter to a member and appointing authority if a member has missed 75% of the meetings in a given calendar year which will in the removal of the member from the Board. We also suggest that the process for removal be required as part of the Advisory Board By-laws.

❖ **Suggested language: CGS 19a-178a**

(b) The advisory board shall consist of members appointed in accordance with the provisions of this subsection and shall include the Commissioner of Public Health and the department's emergency medical services medical director, or their designees, and each president of the five regional emergency medical service councils established pursuant to section 19a-183. The Governor shall appoint the following members: [One person from each of the regional emergency medical services councils; one] One person from the Connecticut Association of Directors of Health; three persons from the Connecticut College of Emergency Physicians; one person from the Connecticut Committee on Trauma of the American College of Surgeons; one person from the Connecticut Medical Advisory Committee; one person from the Emergency Department Nurses Association; one person from the Connecticut Association of Emergency Medical Services Instructors; one person from the Connecticut Hospital Association; two persons representing commercial ambulance providers; one person from the Connecticut Firefighters Association; one person from the Connecticut Fire Chiefs Association; one person from the Connecticut Chiefs of Police Association; one person from the Connecticut State Police; and one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: Three by the president pro tempore of the Senate; three by the majority leader of the Senate; four by the minority leader of the Senate; three by the speaker of the House of Representatives; two by the majority leader of the House of Representatives and three by the minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance services; a paramedic; an emergency medical technician; an advanced emergency medical technician; three consumers and four persons from state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.

(NEW) (g) The advisory board shall establish by-laws that shall include minimum attendance requirements for members and a progressive process for the notification to members and their appointing authority that the minimum attendance has not been met. Advisory board members that continue not to meet the minimum attendance requirements shall be automatically removed from the board.

Proposal: Background checks for initial cert/lic of EMS personnel (CEMSAB endorsed: (___/___/___)

Rev: initial proposed language 11-12-2014

Purpose: The CT EMS Advisory would like to address the lack of background checks for EMS personnel. EMS personnel are in a position of public trust. There is a government obligation to assure that the personnel allowed tin such a position are properly screened. This position was reaffirmed during the 2013 NHTSA EMS system assessment in which the panel also recommended background checks to "assure protection for vulnerable populations in the health care system."

- **Suggested language:** Sec. 20. Section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 20XX*):
  (a) Except as provided in subsections (b) and (c) of this section, an applicant for a license as a paramedic shall submit evidence satisfactory to the Commissioner of Public Health that the applicant has successfully (1) completed a paramedic training program approved by the commissioner, and (2) passed an examination prescribed by the commissioner.
  (b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or her, or (2) (A) is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B) has completed an initial training program consistent with the **[**United States Department of Transportation, National Highway Traffic Safety Administration paramedic curriculum**]** National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the paramedic scope of practice model conducted by an organization offering a program that is recognized by the national emergency medical services program accrediting organization, and (C) has no pending disciplinary action or unresolved complaint against him or her.
  (c) Any person who is certified as an emergency medical technician-paramedic by the Department of Public Health on October 1, 1997, shall be deemed a licensed paramedic. Any person so deemed shall renew his license pursuant to section 19a-88 for a fee of one hundred fifty dollars.
  (d) The commissioner may issue an emergency medical technician certificate or emergency medical responder certificate to an applicant who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical technician, or emergency medical responder in good standing in any New England state, New York or New Jersey, (2) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the emergency medical technician or emergency medical responder curriculum, and (3) has no pending disciplinary action or unresolved complaint against him or her.
  (e) The commissioner may issue a temporary emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that (1) the applicant was certified by the department as an emergency medical technician prior to becoming licensed as a paramedic pursuant to section 20-206*ll*, or (2) the applicant's certification as an emergency medical technician has expired and the applicant's license as a paramedic has become void pursuant to section 19a-88. Such temporary certificate shall be valid for a period not to exceed one year and shall not be renewable.
  (f) An applicant who is issued a temporary emergency medical technician certificate pursuant to subsection (e) of this section may, prior to the expiration of such temporary certificate, apply to the department for: (1) Renewal of such person's paramedic license, giving such person's name in full, such person's residence and business address and such other information as the department requests, provided the application for license renewal is accompanied by evidence satisfactory to the commissioner that the applicant was under the medical oversight of a sponsor hospital, as those terms are defined in section 19a-175, as amended by this act, on the date the applicant's paramedic license became void for

nonrenewal; or (2) recertification as an emergency medical technician, provided the application for recertification is accompanied by evidence satisfactory to the commissioner that the applicant completed emergency medical technician refresher training approved by the commissioner not later than one year after issuance of the temporary emergency medical technician certificate. The department shall recertify such person as an emergency medical technician without the examination required for initial certification specified in regulations adopted by the commissioner pursuant to section 20-206oo, as amended by this act.

(g) The commissioner may issue an emergency medical responder certificate to an applicant who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical responder in good standing by a state that maintains licensing requirements that the commissioner determines are equal to, or greater than, those in this state, (2) has completed an initial department-approved emergency medical responder training program that includes written and practical examinations at the completion of the course, or a program outside the state that adheres to national education standards for the emergency medical responder scope of practice and that includes an examination, and (3) has no pending disciplinary action or unresolved complaint against him or her.

(h) The commissioner may issue an emergency medical services instructor certificate to an applicant who presents (1) evidence satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician in good standing, (2) documentation satisfactory to the commissioner, with reference to national education standards, regarding qualifications as an emergency medical service instructor, (3) a letter of endorsement signed by two instructors holding current emergency medical service instructor certification, (4) documentation of having completed written and practical examinations as prescribed by the commissioner, and (5) evidence satisfactory to the commissioner that the applicant has no pending disciplinary action or unresolved complaints against him or her.

(i) Any person who, on or after July 1, 2015, submits an application for initial certification or licensure as an EMR, EMT, AEMT, EMS-I, or paramedic must submit fingerprints and provide personal descriptive information to be forwarded by the OEMS along with his or her fingerprints through the Department of Emergency Services and Public Protection to the Federal Bureau of Investigation, for the purpose of conducting a state and national criminal history check. Any applicant who makes a false written statement regarding such prior criminal convictions or disciplinary action shall be guilty of a class A misdemeanor.

Draft Proposal: Body armor restrictions eased for EMS Personnel (CEMSAB endorsed: 12/12/12)

Rev: Language from sB-439 File 485/2014 legislative session

Purpose: Emergency Medical Service (EMS) personnel work in difficult and oftentimes unsafe environments. One 2002 study indicated that physical violence against EMS workers occurs on 4.5% of their responses[1]. Nationally, cases continue to occur where EMS workers are shot while attempting to

[1] Prehosp Emerg Care. 2002 Apr-Jun;6(2):186-90

care for the sick and injured[2345]. The Connecticut Legislature took notice of the very real problem of violence against EMS workers when, in 1990 it revised C.G.S. §53a-167c to classify assaults against emergency medical personnel as class C felonies. While this legal protection may act as a deterrent in some cases of simple assault, it does little to additionally deter individuals from assaulting an EMS worker with a deadly weapon. EMS workers in many locations continue to have concerns that they will make it home alive. Consequently, many have chosen to wear body armor to mitigate the risks of violence against their person.

The "in person" sale of body armor requirement of C.G.S. §53-341b creates an undue barrier to the legitimate acquisition of this protective equipment by EMS personnel in that it effectively prohibits online sales of body armor to Connecticut EMS workers and organizations. The number of brick and mortar sellers of body armor in Connecticut is limited. Online vendors are numerous, are easily accessible, have a broader selection of products and may have more competitive pricing that allows EMS workers on modest salaries and employers on tight budgets to more readily afford this equipment.

EMS personnel are already required to report any criminal convictions in order to obtain licensure or certification. The Connecticut Department of Public Health then reviews these records to determine that the applicant does not pose an undue risk to public health or welfare. This vetting provides a greater safeguard to public safety than the in person sale provision of this statute. Most EMS employers additionally perform pre-employment background screening on all employees.

❖ For these reasons, it is proposed that C.G.S. §53-341b should be amended as follows:

> Section 53-341b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):(a) No person, firm or corporation shall sell or deliver body armor to another person unless the transferee meets in person with the transferor to accomplish the sale or delivery.(b) The provisions of subsection (a) of this section shall not apply to the sale or delivery of body armor to (1) a sworn member or authorized official of an organized local police department, the Division of State Police within the Department of Emergency Services and Public Protection, the Division of Criminal Justice, the Department of Correction, the Board of Pardons and Paroles or the Department of Motor Vehicles, (2) an authorized official of a municipality or the Department of Administrative Services that purchases body armor on behalf of an organized local police department, the Division of State Police within the Department of Emergency Services and Public Protection, the Division of Criminal Justice, the Department of Correction, the Board of Pardons and Paroles or the Department of Motor Vehicles, (3) an authorized official of the Judicial Branch who purchases body armor on behalf of a probation officer, **[**or**]** (4) a member of the National Guard or the armed forces

[2] http://www.emsvillage.com/articles/article.cfm?id=2195
[3] http://www.emsworld.com/news/10336232/florida-emt-shot-suspect-escapes
[4] http://gothamist.com/2011/03/03/li_gunman_who_shot_emt_had_weapons.php#photo-1
[5] http://www.ems1.com/ambulances-emergency-vehicles/articles/1340304-Ambulance-shot-at-while-transporting-stabbing-victim/

reserve, (5) a firefighter, or (6) a person who is an EMS provider, as defined in section 19a-175, or an authorized official of an emergency medical service organization that is certified or licensed by the Department of Public Health under section 19a-180 on behalf of a provider.(c) As used in this section, "body armor" means any material designed to be worn on the body and to provide bullet penetration resistance.(d) Any person, firm or corporation that violates the provisions of this section shall be guilty of a class B misdemeanor.

Proposal: Orderly Transfer of Patient Care (CEMSAB endorsed: 11/14/12)

Rev: Language from sB-439 File 485/2014 legislative session

Purpose: The issue of who is responsible for pre-hospital patient care continues to be an ongoing problem for EMS. While providers in most jurisdictions work collaboratively, many continue to experience conflicts regarding responsibility for patient care. These conflicts occur both on scene and subsequent to calls. Reports persist of first response agencies barring transport ambulance crews and paramedics from approaching patients until the first responders have completed their assessments. Other times, response agencies have allegedly prevented EMS providers from accessing patients entrapped in vehicles or other situations despite the EMS providers having received hazard-specific training and wearing appropriate personal protective equipment. Services operating at the emergency technician level have reportedly contradicted paramedic decisions and direction regarding patient destination and/or transport method. Examples include conflict over whether to transport lights and siren, whether to cancel aeromedical transport services in favor of ground transport, and which hospital to transport a given patient to. While the scale of the problem is not easily quantified, the number of anecdotal accounts suggests that it is significant.

The Connecticut General Statutes § 7-313e is most frequently cited in discussions regarding where responsibility rests regarding patient care decisions. In 1996, the Connecticut Department of Public Health Office of EMS (OEMS) Section issued guidance regarding responsibility for patient care decisions at the scene of EMS incidents. The OEMS opined that C.G.S. § 7-313e grants fire department personnel scene management authority but that the statutes are silent regarding the management of patient care. The OEMS further stated that responsibility for patient management rests with certified EMS responders and that an orderly transfer of patient care must occur. While this letter appears reasonable, it lacks clear regulatory or statutory support and has not resolved the issues previously described.

The following legislative proposal is intended to improve the pre-hospital medical care that patients in Connecticut receive. This proposal provides clear lines of responsibility for patient care decisions that will reduce conflict and confusion, resulting in more timely and appropriate delivery of medical care and transportation. The proposed language does not affect the authority granted by C.G.S. § 7-313e regarding overall scene management and scene safety, but would simply clarify roles regarding EMS responsibility for patient care decisions.

❖ **Suggested language:**

(NEW) (*Effective October 1, 2015*) A provider, as defined in section 19a-175 of the general statutes, who holds the highest classification of licensure or certification from the Department

of Public Health under chapters 368d and 384d of the general statutes shall be responsible for making decisions concerning patient care on the scene of an emergency medical call. If two or more providers on such scene hold the same licensure or certification classification, the provider for the primary service area responder shall be responsible for making such decisions. If all providers on such scene are emergency medical technicians or emergency medical responders, as defined in section 19a-175 of the general statutes, the emergency medical service organization providing transportation services shall be responsible for making such decisions. A provider on the scene of an emergency medical call who has undertaken decision-making responsibility for patient care shall transfer patient care to a provider with a higher classification of licensure or certification upon such provider's arrival on the scene. All providers on the scene shall ensure such transfer takes place in a timely and orderly manner.

Proposal: Permanent employment status for Regional EMS Coordinators
(CEMSAB endorsed: (___/___/___)

Rev: Initial proposed language 11/12/2014

Purpose: The regional EMS coordinators have been integral in advancing the Connecticut emergency medical service (EMS) system towards a standardized portal of entry to the healthcare delivery system. The coordinators serve as ambassadors of the Connecticut Department of Public Health to the EMS field providers, services, and representative groups and committees. They are subject matter experts regarding the EMS statutes and public health code, EMS system configurations, EMS practice, and department regulatory procedures. As such, the coordinators have served as an invaluable resource for regulated EMS entities by answering questions and responding to issues in a timely, effective and consistent manner. They support the work of various EMS groups and committees by researching issues and matters of interest, identifying areas of need, communicating information internally between members and between different groups, collecting and collating information, helping to build consensus, drafting and revising documents, etc. The coordinators have taken on varied additional roles within the Office of EMS whenever a need has been identified. Some of the specific functions and accomplishments of the coordinators include:

- **Support the Work of Regional Councils, State and Regional EMS Committees**
  - The coordinators have supported, through research, document development and communications, a host of different projects from many local, regional and state EMS committees. On average, each coordinator works with an average of twelve or more committees, associations or boards in a given month.
  - In collaboration with the regional EMS councils and their respective medical advisory committees, the EMS coordinators continuously work to update the operational, administrative and regional patient care guidelines and have developed at least one BLS-only version of the guidelines to address the needs of volunteer services.

- **Support Statewide EMS Training and Education**
  - Serve as a central hub for the collection and dissemination of information on upcoming EMS training and educational opportunities to EMS organizations, hospitals, instructors and individual providers through emails, in-person sharing and collaboration with the EMS Councils' Webmaster.
  - Provided training to EMS agencies regarding the state triage system, regional electronic patient tracking system and regulatory matters.
- **OEMS Regulatory Affairs**
  - Lead efforts to perform a complete review and update of the EMS regulations. The ongoing project includes researching, drafting, and rewriting regulatory language and working across a broad base of constituent groups to achieve modified consensus.
  - Interface with services to obtain submission of rate applications, agency EMS certificate renewals and adoption of electronic patient care reporting.
  - Have served as clinical expert consultants on EMS disciplinary cases.
  - Work with service chiefs to create open communications between OEMS and providers.
  - Work with stakeholders across the state to break down perceptions of OEMS as 'disconnected from the providers'.
  - Oversee approximately 60 written exams per month for emergency medical responder courses and emergency medical technician refreshers. Assign exam proctors, handle communications with course instructors regarding exams and with students regarding make-up exams.
  - Developed EMS guidance regarding the healthcare photo ID statute, transport of handcuffed patients, EMS standbys, and rehabilitation of response personnel.
  - Developed multiple methods of contact information (via the Everbridge / Health Alert Network) for at least two chief administrators at each licensed or certified EMS organization, as well as sponsor hospitals and other EMS groups. Presently they manage and update over 600 contacts on this system alone.
- **EMS and Trauma Data System Development and Support:**
  - Worked closely with data manager as liaison to state data committee to move data collection project forward.
  - Presently fulfilling the responsibilities of the position vacated by the former data manager.
  - Worked with chair of data committee to create draft user program manual for electronic EMS data collection.
  - Reconfigured the quarterly EMS data report into a more accessible and useful format.
  - Trained with Digital Innovations, software vendor for Trauma Data Registry, to learn system in order to work with hospital trauma coordinators.
  - Create new partnerships with EMS & Trauma data collection stakeholders to garner collaborative relationships.

- Worked with the DPH institutional review board and the National EMS Information System to begin national EMS data submission and establish access to the national EMS database.

- **Preparedness and Response**:
  - All coordinators are extensively trained and experienced with the incident command system (ICS) and hold certifications including ICS 100, 200, 300, 400, 800 and National Incident Management System 700. One coordinator has additionally completed a 40 hour practicum on incident management team operations.
  - Serve various roles within the warehouse management and distribution structure for deployment of the Strategic National Stockpile.
  - Staffed the State Emergency Operations Center as a DPH liaison for over 260 total hours during a variety of incidents, disasters and exercises.
  - Within the context of the radiological response plan, the EMS coordinators manage the calibration and distribution of dosimeters and fill roles within the DPH emergency coordination center.
  - For OpSail 2012 large-scale event, Sailfest 2013 and 2014: Chaired the EMS/Public Health planning workgroup and functioned within the unified command. The planning process placed public health as an active, equal partner in the preparation for both pro-active and reactive health and medical services.
  - Identified issues relating to disaster response and drafted six proposals for waivers of statute and regulation in times of disaster to improve the EMS response and their protection of public health and welfare.
- **Planning:**
  - Work on local EMS plans. The coordinators have contacted officials within all of the state's EMS primary services areas to inform and encourage them regarding updating their local EMS plans. When locals have been receptive, the coordinators have spent considerable time and effort in educating and guiding leaders through the process of developing plans that include specific performance measures and objectives.
  - Exercise planning and evaluation. Three of the coordinators have completed a three day FEMA training in Homeland Security Exercise Evaluation and Planning (HSEEP.) The coordinators have served as evaluators, planners and participants in a variety of drills and exercises including the Statewide Emergency Preparedness and Planning Initiative, the Bradley Airport Triennial Disaster Exercise and the North Canaan Full Scale Hazmat Exercise.
- **System Support and Development:**
  - In August of 2011, the EMS coordinators assumed responsibility for the HEARTSafe program. Since then, they have added performance measure data reporting and collection and reinvigorated the HEARTSafe workplace component by engaging businesses and doubling the number designated as HEARTSafe. They have worked with local advocates to newly designate 14 communities as HEARTSafe (with 13 more in

process) and to reach out to communities with expired designations to renew 6 of the 13 that had expired.

- Filled the role of the EMS for Children grant/program coordinator for 13 months during position vacancy. Washed and prepared large amount of data from statewide survey to be rolled into national performance measures reporting. Supported EMSC grant activities and participated in national conference calls to keep grant moving forward. Developed and implemented a promotional plan and materials for the EMS for Children Conference to increase attendance. Provide administrative and teaching support to the annual EMS for Children Conference.
- Collaboration with fire & ems and local responders to gain better first response coverage in towns.

The regional EMS coordinator positions must be made permanent positions, with unique job classifications, as has already been established, to assure that qualified individuals with specific Connecticut EMS experience can continue to provide quality, in-depth guidance and support to our providers, EMS organizations, and local elected officials.

❖ **Suggested language:**

Sec. 19a-186a. Regional emergency medical services coordinators. Employment with Department of Public Health. Any individual employed on June 30, 2010, as a regional emergency medical services coordinator or as an assistant regional emergency medical services coordinator shall be offered [an unclassified durational] a permanent position within the Department of Public Health [for the period from July 1, 2010, to June 30, 2011, inclusive,] provided no more than five [unclassified durational] such positions shall be created. [Within available appropriations, such unclassified durational positions may be extended beyond June 30, 2011.] The Commissioner of Administrative Services shall establish job classifications and salaries for such positions in accordance with the provisions of section 4-40. [Any such created positions shall be exempt from collective bargaining requirements and no individual appointed to such position shall have reemployment or any other rights that may have been extended to unclassified employees under a State Employees' Bargaining Agent Coalition agreement.] Individuals employed in such [unclassified durational] positions shall be located at the offices of the Department of Public Health. In no event shall an individual employed in [an unclassified durational] such a position pursuant to this section receive credit for any purpose for services performed prior to July 1, 2010.

Proposal: Protection of quality assurance functions from discovery.
(CEMSAB endorsed: (___/___/___)

Rev:

Purpose: To be developed.

❖ **Suggested language:**

Language to be developed.

Background checks: information for committee discussion

Sec. 20-678. Prospective employees required to submit to comprehensive background check. Written statements re prior criminal convictions or disciplinary action. Maintenance and inspection of records. On or after January 1, 2012, each homemaker-companion agency, prior to extending an offer of employment or entering into a contract with a prospective employee, shall require such prospective employee to submit to a comprehensive background check. In addition, each homemaker-companion agency shall require that such prospective employee complete and sign a form which contains questions as to whether the prospective employee was convicted of a crime involving violence or dishonesty in a state court or federal court in any state; or was subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Any prospective employee who makes a false written statement regarding such prior criminal convictions or disciplinary action shall be guilty of a class A misdemeanor. Each homemaker-companion agency shall maintain a paper or electronic copy of any materials obtained during the comprehensive background check and shall make such records available for inspection upon request of the Department of Consumer Protection.

State of Virginia comprehensive background check. Update: FBI Background Checks effective July 1, 2014.

Pursuant to § 32.1-111.5 of the *Code* (http://leg1.state.va.us/cgi- bin/legp504.exe?000+cod+32.1-111.5), any person who, on or after July 1, 2013, applies to be a volunteer with, or employee of, an Emergency Medical Services (EMS) agency must submit fingerprints and provide personal descriptive information to be forwarded by the Office of EMS along with his fingerprints through the Central Criminal Records Exchange (CCRE) of the Virginia State Police to the Federal Bureau of Investigation, for the purpose of conducting a state and national criminal history check.

The CCRE shall forward the results of the state and national records search to the Office of EMS. It will be the responsibility of the Office of EMS, based on EMS personnel requirements outlined in the *Virginia EMS Regulations* (12VAC5-31-910, http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-910) to determine if each person is eligible for certification and/or affiliation with an EMS agency.

EMS practitioners, by virtue of their state certification have unsupervised, intimate, physical and emotional contact with patients at a time of great physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers.

Citizens in need of out-of-hospital medical care rely on the EMS system and the existence of state licensure/certification to assure that those who respond to their calls for aid are worthy of this extraordinary trust. In light of the high degree of trust conferred upon EMS personnel, the Office of EMS has a duty to exclude individuals who pose a risk to public health, safety and welfare by virtue of conviction of certain crimes.

Applicants for affiliation with an EMS agency can obtain appropriately coded fingerprint cards from their local Regional EMS Council office (www.vaems.org). Once the card is obtained, the applicant must provide certain personal descriptive information as well as their fingerprints (at their expense, if any.) The fingerprint cards must be forwarded to the Office of EMS where they will be processed and submitted electronically to the Virginia State Police (VSP) via our Live Scan program. It is important to note, for the purposes of satisfying the requirements of §32.1-111.5 of the *Code* that VSP will only

accept a Live Scan print submitted by the Office of EMS, thus the need to submit the inked fingerprint cards.

It is estimated it will take approximately seven (7) calendar days from the date the fingerprints are forwarded by the Office of EMS to CCRE to receive a report of the results of the criminal history check. The Office of EMS shall issue a determination of eligibility by letter and email to the chief executive officer of the EMS agency for each person who applies to be a volunteer with, or employee of, an emergency medical services (EMS) agency. Individuals who submit an application for volunteer membership or employment to more than one EMS agency are not required to submit additional fingerprint-based criminal history and background checks if application is submitted within sixty (60) days of the original request.

Persons who fail or refuse to cooperate in obtaining criminal history records checks shall be denied volunteer membership or employment with an EMS agency. Should the applicant feel the information returned from their criminal background check is not correct, they must contact VSP to initiate the appeal process. The Office of EMS maintains the right to conduct additional checks of records of other state agencies (i.e. Virginia Department of Motor Vehicles, Department of Health Professions, Sexual Offender Registry, etc.) and records at city and county courts on persons who apply to be a volunteer with, or employee of, an EMS agency.

The cost to run a state and national criminal background check will be paid for from funds set aside from the EMS Fund. However, the cost to obtain fingerprints is not covered by the Office of EMS. The actual results of the background check cannot be shared or divulged in any form by the Office.

For any additional information, please visit the Office of EMS website at www.vdh.virginia.gov/oems, or contact Michael Berg, manager of Regulation and Compliance, 804-888-9100 or 800-523-6019 (VA only).